PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268
Village or City Fruces A (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female White Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Au 8 1932 (Month) (Day) (Year)
6 DATE OF BIRTH 54 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from face 1963 to face 8 1953 that I last saw h M alive on face 8 1923 2,
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Ma Cacapations. Orifole particular kind of work Manual Industry Frank Industry Which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME Mary L. Farkford 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death, yrs
(Informant) Mary Canaford anderson (Address) Mindels and	Former or usual residence
Filed / 9 192 A Registrar If more b.anks are needed, addre.s Ltate Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

00765

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs. should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING-DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Form laborer. Loborer—Coat mine, eve. wouner," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. sary to know cases, especially in industrial employments, it is necesthe first line will he sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer. Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meosles (disease inges, peritonaeum, etc., Coreinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetonus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Newer report mere symptoms or terminal condicough; Chronic valvulor heart statement of cause of death etc. The contributory disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

Village P 3 SEX 6 DATE 7 AGE 7 AGE 8 OCCU (a) Tr partice (b) Ga busine which 9 SIRTI (St 10 F 11 E C 13 12 13	Coun	(
S OCCU (a) To partic (b) G busine which SERTY (St	age	Vill
S OCCU (a) To partic (b) G busine which SERTY (St	p	-
8 OCCU (a) Tr partic (b) Go busine which 9 BIRTH (St.		2 9
7 AGE 8 OCCU (a) Ti partice (b) Ge busine which 9 BIRTY (St	M	3 3
8 OCCU (a) Tr partice (b) Gr busine which 9 BIRTY (St	ATE	6 D
busine which services of the s	GE	7 A
busine which services of the s	occu	8 0
0 10 F	usine	b
N 11 8 0 0 12 0 12 0 0 12 0 12 0 12 0 12	(St	9 8
S II E II		
X 12 12 C		TS
PA	12	Z H Z
	(PAF
	THE	14
14 THE	(lr	
14 THE		
	File	15

1PLACE OF DEATH County Symusesh	00766 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268
Village or CityWENONA, MD. (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1921 to 2 1922, that I last saw had alive on 4 2 2 2 3.
7 AGE Social Patients Soc	and that death occurred on the date stated above, at
10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER DEALS ISLAND, MD.	(Signed)
(Informant) SOUGE OF MY KNOWLEDGE (Informant) SOUGE OF MY KNOWLEDGE (Address) DEALS ISLAND, MD. 15 Filed 1922 Roya Webster Registrat	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER DEALS ISLAN

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term or especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> Itelanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

N. B.--

PLACE OF DEATH	STATE OF MARYLAND
County Drenet	CERTIFICATE OF DEATH .
The state of the s	(121)
V × M	Registration Dist. No.
Village or City (No.	St: Ward) (If death occurred in
D	tion, give its NAME is
2FULL NAME Conservey /2	allard street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male News OR-DIVORGED	June 100 192
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jehr. 4 1929	1925 2 to 1925 2
(Month) (Day) (Year)	that I last saw h Amalive on Al 13 1932
7 AGE If LESS than	and that death occurred on the date stated above, at 5,40P m.
1 day hrs.	The state of the s
yrs. — mos ds. or _ min.?	
8 OCCUPATION	(U) Almolication
(a) Trade, profession or not any	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos 17 de.
	Contributory
9 BIRTHPLACE (State or country)	Decondary 14
Mugston, mg	(Durayon) yrs mos ds.
10 NAME OF TOO STATE OF THE STA	(Signed) // Lit I Maley a M. D.
Trad Tractaine -	1/13 1932 (Address) Criffield, and
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country) Wyston Wd	Violent Causes, state (1) Means of Injury and (2) Whether
M 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Jessey Falland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER MALANA	At place In the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
The sal Do as a sale	Former or usual residence
(Informant) In a Soll 0.70	19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
(Address) Man Jun and	A DE MILE ON REMOVAL
(Audicess)	rugeron ma 1/2, 187
15 Filed 17/4 1937 Cherelia 12. Jawson	20 UNDERTWER ADDRESS
Registrar	1, by, Dexon Mareoulles
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

66767

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorthage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9

PLA

County.

S. No.

ż

CE	OF DEATH	007
	18.	

DAMES QUARTERNMD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 267

St.:	Ward

(If death occurred in

•	² FULL	NAME		Bozn	ran	, p. q q n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p n q p	tion, give i stead of number.)	its NAME in- street and
	PERSONAL	L AND STATIST	ICAL PARTICUL	ARS	MEDICAL (CERTIFICATE	OF DEATH	
3 9	M 4	COLOR OR RACE	5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)		16 DATE OF DEATH	JAN 25 15 (Month)	552 (Day)	, 192(Year)
6 [DATE OF BIRTH	JAN (Month	25 1932 (Day)	, 1(Year)	JAU 25 1932		5 1932	, 192,
7 4	AGE:	yrs.		If LESS than I day hrs. or or min.?	and that death occurred of The CAUSE OF DEATH *		í,	Cord
C P C P A	b) General naturusiness, or estal which employed SIRTHPLACE (State or counts) 10 NAME OF FATHER	of work re of industry blishment in or (employer) ry)DAMES QUALLY AMES QUALLY	JARTER, MD. JARTER, MD	12. DON 1	(Signed)	(Durstion) Address) CHA Causing Death (1) Means of I omicidal. ENCE (For Hospints)	NCE, MD, or, in denjury and (2)	mosds. M. D. sths from Whether tions, Trans-
14	(State or Co THE ABOVE IS (Informant) (Address	TRUE TO THE BES	JARTER, MD	rang	Where was disease contracter if not at place of death? Former or usual residence	R REMOVAL	AN25	f BURIAL 19,319

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, of HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, taken. For violent deaths state means of injuly can be ascertained as the cause. Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(30)
County Jonnerset	Registration Dist. No. 265
Village or City Cristield	No. Pine St., 2 Ward
(H	death occurred in a hospital or institution, give its NAME instead of street and number)
0 00	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comma G. Breidsha	.w
(a) Residence: No.	St., 2 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Famale Mr. OR DIVORCED (write the word)	Amonth) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY That I attended deceased from
(or) WIFE of CD Bradshan	July 4 1932 to July 9 193
6. DATE OF BIRTH (month, day, and year) Quilcum	(last saw h 1 elive on deur 9 19 31 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et
about 58 - 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	lardio - Vasculer - Date of onset
kind of work done, es SPINNER, Housework SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	Reual Lucase
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Smith Island	Other Contributory Chases of Importance:
(State or country)	
13. NAME Johnson Evens 14. BIRTHPLACE (city or town). Smith Island	
4 14. BIRTHPLACE (City or town) Jmith sland	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Polly Bradston	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Smith Island	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT U. D. Drads for (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place (restricted Cent. Date) Ow / 2 , 193 2	Nature of injury.
19. UNDERTAKER John a Brodolan	24. Was diseese or Injury in any way related to occupation of deceased?
(Address) Cufil a	If so, specify
20. FILED Jan. 12, 1932 C. E. Collins	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	rtb 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	10. 710			

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00770
1. PLACE OF DEATH	
County Somerset of	Registration Dist. No. 270
Village or City aroung District	Np. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?mos ds.
2. FULL NAME Delle A. Whea	ly.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEXO 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Frenche While OR Divorces (write the word)	Jan 18 1932
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF John E, Cleary.	22. I HEREBY CERTIFY, That I attended deceased from
(a) J. 121 W	Jaw. 12. 1992, 10 Jaw 18, 1982
6. DATE OF BIRTH (month, day, and yeer) Cuquel 18 63	I last saw h w alive on Jan 18 2; death is said
7. AGE Years Months Days If LESS than 1 day,hi	to have occurred on the date stated above, et
67 3 1 day,	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Watuscheefel	Cleute DUO) Need
	- writing.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
D. Date deceased last worked et this occupation (month end year) spent in this occupation occupation	
	Diher Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	More Out regules Clane
13. NAME John Morris.	- Ingrama
14. BIRTHPLACE (city or town) Md	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME don't know	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Store Revolution	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur? Musum
17. INFORMANT Paughu Cleary. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. Bauls Generalery Dete Jave. 20 193	
19. UNDERTAKER A SACONOMIA (Address)	24. Wes disease or Injury In any way related to occupation of deceased?
Jan 21 32 C & Calling	(Signed) Annual Quelles M. D.
20, FILED 19 19 C. E. Coccur	(Address) Marism and
	tr, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	j. j	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis PECENED!	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FFB 4 1932	July 5,1927	Peritonitis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance;		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance: Gastrocuteritis		
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis	

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1 to 0	PLACE OF DEATH
TW /	County Domar JEL

00774

STATE OF MARYLAND CERTIFICATE OF DEATH

6	18
47	6/
300	Sales .

Village or City Tylerfore (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH GROWN 1992 (Year) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the doceased from did from 1920 than de from 1920, 1920, that I last saw h diva alive on 1920,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Rection.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) 2. yie. mos de. Contributory Secondary (Duration) yie. mos de.
10 NAME OF FATHER William Digle 11 BIRTHPLACE OF FATHER (State or country) Tangur Va	(Signed) H. D. M. D. 192 (Address) EUVIL, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 C	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	if not at place of death? Former or desual residence 19 PLACE OF BURIAL OR REMOVAL JULION 20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-fulness of various pursuits can be known. The ques-(a) Foreman, should be used only when needed. As examples: (a) sary to know the first line will be sufficient, R. g. Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to cach and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

grapproved by Committee on Nomenclature stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrbage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (Recommendations on statement of cause of death Letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincough; Chronic valvular heart etc. The contributory affection need disease; not be

If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor-OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. County_ item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth?______yrs.____mos.____ds. PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OP DIVORCED (rapite the word) narreo PERMANEN 5a, If married, widowed, or divorced BINDIN HUSBANO of 22. ERTIFY. That I attended deceased from (or) WIFE of C H certificate 6. DATE OF BIRTH (month, dey, end year) 7. AGE Months If LESS than FOR Oays The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows % Trade, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED may back 19. Andustry or business In which pluods work was done, as SILK MILL, SAW MILL, BANK, etc ... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? The Was there an autopsy? carefully 15. MAIDEN NAME important. MOTHE 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT. OF (Address) 18. BURIAL, CREMATION, Manner of injury AUSE mation Neture of injury LION 24. Wes disease or Injury in any way related to occupation of deceesed? 19. UNOERTAKER (Address) If so, specify on 29 (Address) _ Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing V. S. No. 1.

(Yeer)

Date of onset

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IEB 4 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1 DOLLAR O V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

The personner of the pe	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00776
Village or City Assessment of the Control of the Co	1. PLACE OF DEATH	50
Length of residence in city or town where opath occurred by the country of the whole on in a hopsis of residuation, give in NAME interest and number) 2. FULL NAME AND STATISTICAL PARTICULARS 3. SST 4. COLOR OR BOTE ON INTEREST OF DEATH 3. SST 4. COLOR OR BOTE ON INTEREST OF DEATH 3. SST 4. COLOR OR BOTE ON INTEREST OF DEATH 3. SST 4. COLOR OR BOTE ON INTEREST OF DEATH 3. SST 4. COLOR OR BOTE ON INTEREST OF DEATH 3. SST 4. COLOR OR BOTE ON INTEREST OF DEATH 4. COLOR OR BOTE ON INTEREST OF DEATH 5. SINCLE, MARABHED, WIDOWED ON INTEREST OF DEATH 6. DATE OF BIRTH (month). day, and year) 7. ADTE OF BIRTH (month). day, and year) 8. DATE OF BIRTH (month). day, and year) 8. Days If ILES Grant on Interest of the control of the	County Somerset	Registration Dist. No. 264
Length of residence in city or town where grath occurred. (a) Residence: No	Village or City Frairmount	
PERSONAL AND STATISTICAL PARTICULARS A. COLOR OR BOTE S. SINCLE, MARRHED, WIDOWD, OLD LIVARES	2. FULL NAME Emily Paners (a) Residence: No. Maidy Emoure	ds. How long in U.S. if of foreign birth?yrsmosdsSt.,Ward.
3. SERVINE 4. COLOR OR BECE S. SINCIE. MARRIPD, WIDOWED, ON DUZGRESO (write the weight) 4. COLOR OR BECE S. SINCIE. MARRIPD, WIDOWED, ON DUZGRESO (write the weight) 4. If married, widowed, or diversed it will be a server of the color of		
HUSBAND of (or) WIFE of January (1987) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS finan 1 day,hrs. ofmin. ofmin. SANYER, BODONKEFER, etc. SAN MILL, BANK, etc. 11. Total time (yars) occupation Dither Contributory Cases of importance: Dither Contributory Cases of importance: Dither Contributory Cases of importance: Was there an auropsys. Was there an auropsys. Manuel of operation. State or country) What test confirmed diagnosis? Was there an auropsys. Was there an auropsys. Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) JANAEL CASE OF DEATH end releted couses of importance were so follows: Date of country) What test confirmed diagnosis? Was there an auropsys. Manuel of operation. Was there an auropsys. Manuel of operation. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) Manuel of operation. Manuel of operation. Manuel of operation. What test confirmed diagnosis? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) JANAEL CASE OF DEATH end releted couses of importance were stollows: On the public place of the date stated above, and Janael death is said to have occurred on the date stated above, and Janael death is said to have occurred on the date stated above, and Janael death is said to have occurred on the date stated above, and Janael death is said to have occurred on the date stated above, and Janael death is said to have occurred on the date stated above, and Janael death is said to have occurred on the date stated above, and Janael death is said to have occurred on the date stated above, a	3. SET 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 1932
TAGE Years Months Days II LESS finan Iday, hrs. or min. The PRINCIPAL CAISE OF DEATH and releted ceuses of importance were es follows: SAVYER, BODKKEPTER, etc. SAVYE	HUSBAND of Samalial Hancy	king 5 103/ to Jan 29 ,1932
Rind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, ADVIAGE 10. Date deceased last worked et the spent in his occupation (month end yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CERMATION BY BEMOVAR Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED AM. 19. 3. 4 6 & Deblications Registrer. (Address) Manner of Injury Name of operation. Date of Was there an autopsy? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury Nature of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Nature of Injury Nature of Injury (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury Address) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Inju	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.30 Åm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION OR BEMOVAL Place 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Signed) (Address)	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spent in this	Careinoma of Breast
What test confirmed diagnosis? Was there an aulopsy? 726 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAY Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (City or town) (City or town) (City or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Address)		Dither Contributory Causes of importance:
What test confirmed diagnosis? Was there an aulopsy? 726 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAY Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (City or town) (City or town) (City or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Address)	13. NAME Storge & Leach	
What test confirmed diagnosis? Was there an aulopsy? 726 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAY Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (City or town) (City or town) (City or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Address)	14. BIRTHPLACE (city of town) Mary laws	Name of operation Date of
17. INFORMANT Mas County and State) 18. BURIAL, CREMATIDN OF REMOVAL Place Date Date Date Date Nature of Injury 19. UNDERTAKER CASE DATE DATE DATE DATE OF THE	(State of country)	What test confirmed diagnosis?
Place I Date Date Nature of Injury 19. UNDERTAKER Arrival Miles 24. Was disease or injury In any way related to occupation of deceased? (Address) I So So So So So So So	17. INFORMANT Mrs. Chas Lanksford	Accident, suicide, or homicide?
20. FILED Jan 20, 1932 / 4 & Diellinson (Signed) Lifter Fairmont M. D. Registrar. (Address) Upper Fairmont M. D.	.77/1	
20. FILED 700 300, 19.0 = 7.0 Registrar. (Address) Clipper Fourmount		
	20. FILED Registrar.	(Address) Clapter Lairmonnt

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ECHIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	•	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 3 1932	July 5,1927	Peritonitis	3 days ago	
В	UREAU V.S.				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH County Sources	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Marketon (No.)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 mulls Clued If LESS than 1 day hrs. mos. ds. or min.?	and that doeth occurred on the date stated abave, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Mayland 10 NAME OF FATHER 11 BIRTHPLACE	(Duration) yre mos de. Contributory herofute alute Secondary Tyling Metter (Duration) yre mos de. (Signed) June De aullan M. D. Au 1923 (Address) manne met
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) M.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs mos disease contracted.
(Informant) Milion Herris (Address) Marian And Jawson Filed 11 137 Gurelin Bruty Registrar	Where was disease contracted, if not et place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Advisor Varying of 1932. 20 UNDERTAKER ADDRESS William Farris Manon My
42/32 If more branks are needed, address State Registrar	16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Exhaustion, approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Never report mere symptoms or terminal condicough; 'Congenital," "Senile," etc.), "Dropsy,
"Heart failure," "Haemorrhage, Chronic valvular heart disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE MOLL

宫

If LESS than

1 day, hrs.

or____min.

Data 1/12/32 19

2. FULL NAME HOLLAND (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male black 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jan. 11. 1932 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Months stillborn 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL. BANK, etc 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) ---- Md----(State or country) Edward Holland FATHER 14. BIRTHPLACE (city or town) Somerset Co., Md. (State or country) MOTHER 15. MAIDEN NAME Tula Hall 16, BIRTHPLACE (city or town) (State or country) 17. INFORMANT Maggie Smith. (Addrass)

18, BURIAL, CREMATION, OR REMOVAL

19. HNDERTAKER ...

Christ M.E.

20. FILED 1/11/32, 19 Sam 1 Scott

Charlie Holland

Pocomoke

1. PLACE OF DEATH

County Somerset

Length of residence in city or town where death occurred vrs mos. ds. How long In U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) I HEREBY CERTIFY. That t attended deceased from I last saw h _____ alive on _____, 19 ____; death is said to have occurred on the date stated obove, at ______m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset stillborn Other Contributory Causes of importance: Name of operation _____ Date of _____ What test confirmed diagnosis? Was there an autopsy?..... 23. If death was dua to axternal causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?______ Date of injury______ 19_____ Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was diseasa or injury in any way related to occupation of deceased?___.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify ____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evenuelo I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECETVED 2/3/32 BUREAU V.S.

Evannle II

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
UREAU V.S.				
ADDITIONAL EPACE F	11	ER STATEMENTS BY PHYSICIAN		

BINDIN

FOR

MARGIN

No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example_I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
[DUAREU V	9 1 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH
County Serveral	Project No. 26.3
0 0	Registration Dist. No.
Village or City M. Jersen	ND. St., W (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyr	
2. FULL NAME Buly Jones	es)
(a) Residence: No. July Greene	St., Ward.
(Usual place of abox	
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE OR DIVORCED write or DIVORCED write or DIVORCED with the Div	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That i attended deceased
6. DATE OF BIRTH (month, day, and year)	13 Hast saw h i M aliva on 2 7 8 , 193 2 death is
7. AGE Yaars Months Days I	f LESS than to have occurred on the date stated above, at
	ay,hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Brushind Premoria 12.
SAWYER, BDDKKEEPER, etc.	
SAW MILL, BANK, atc.	
UN 10. Date deceased last worked at 11. Total time (ve	Pars)
this occupation (month and spent in the year) ccupation	
12. BIRTHPLACE (city or town) My, Fermer,	Other Coutributary Causes of importance:
	willed.
14. BIRTHPLACE (city or town) Discussion and	(L)
14. BIRTHPLACE (city or town) Oliver Com	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Character Was there an autopsy?
15. MAIDEN NAME Quedley Jose	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mol.	Accident, suicida, or homicide? Data of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Augusta Maria	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDN, DR REMOVAL	Manner of injury
Placa Mt. Vanney Data from 12	19., 19.32. Natura of injury
19. UNDERTAKER Edman Jones	24. Was diseasa or injury in any way related to occupation of deceasad?
(Addrass) Rr. Oppies 12.#/2	If so, specify
20. FILED Jan, 29, 1922, Stephen O.	Hopking (Signed) Ales (1) Mally
	Registrar. (Addrass) (Addrass) (Addrass) (Addrass) (State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1811			
Other contributory causes of importance:		Other contributory causes of importance:	111111
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	60781
SIAIL OI	MARIEAND CERTIFICATE OF DEATH	

1. PLACE OF DEATH	_,	<u> </u>
County	neiset	Registration Dist. No. 270
Village or City Cris	21/	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred 76 yrs mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No. Cuisf	Odurand L	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
male Thile	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AMONTH) (DAY) (Year)
5a. If married, widowed, or differenced HUSBAND of (or) WIFE of	Causon.	22. I HEREBY CERTIFY, That I attended decoased from 193/ to law 1932
6. DATE OF BIRTH (month, day, and year)	Duca 14th 1855	I last saw h alive on facult. 18: 1932 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3- A-m.
76 5	2 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Dysterman	acul De of Heat.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAW MILL, BANK, etc 10. Date deceesed last worked at this occupation (month and	/	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	nd.	Other Coutributory Causes of Importance: - Conscience of Almorate
	A .	Carleso
13. NAME 2, Daw,	Dawson	
(State or country)	Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sallie	Davy.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Pallie 16. BIRTHPLACE (city or town)	And A	Accident, suicide, or homicide?
(Stele or country)	ma.	Where did injury occur?
17. INFORMANT MAR. Le	E Kawson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Costing Counts	Flore Jacc. 21 1932	Manner of injury
19. UNDERTAKER (Address)	alwon Mode	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jon, 20, 1932 L	5 Collins:	(Signed) Reverge Coullism M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
T, II, IT V E	i i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

5a	7.	OCCUPATION	MOTHER FATHER	MOTHER F		20
a.	certificat	TION is very important. See instructions on back of certificate.	ee instruction	nportant, S	ON is very in	TI
classified.	properly	CAUSE OF DEATH in plain terms, so that it may be properly classified.	n terms, so t	ATH in plain	USE OF DE	CA
EXACTLY	stated I	mation should be carefully supplied. AGE should be stated EXACTLY	supplied. A	e carefully	tion should k	em T
ERMANENT	IS A PI	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	UNFADING	NLY, WITH	RITE PLAD	N. B.—W
)				•		

1. PLACE OF SEATH County Som rock-	CERTIFICATE OF DEATH Registration Dist. No. 2	60
Village or City West Do and Dest. Length of rasidence In city or town where death occurred wrs.	No. St, (If death occurred in a hospital or institution, give its NAME instead of street an nos. ds. How long in U.S. If of foreign birth?	
2. FULL NAME Elsin only funcion (Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED ("write the word the	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	
1976	t last saw h aliva on 19	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS tha		
/a 1 day,	fs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aculi Injugas lion	
	uu j	
W. Industry or business in which work was done, as SILK MILL, Mank, BANK, etc.	Comedi Jam	
O Data deceased last worked at this occupation (month and spent in this		
year) occupation (month and occupation	0.000	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	7
(Stata or country)		
13. NAME TES. C. LEWIS		
	Name of operation	
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there a	
	23. If death wes due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city ar town) (State or country)	Accident, sulcide, or homicide? Date of injury	, 17
- (State of County)	Where did Injury occur? (Specify city or town, county and S	itate)
17. INFORMANT GYMYF DUNG (Address)	Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	******
Place More Chence Date My 7 4 195	Nature of injury	
19. UNDERTAKER Del Destiles	24. Wes disease ar injury in any way related to occupation of deceased?	
(Address) /min them !	If so, specify	
20. FILED \$/6. 1981 Warrell	(Signed) C. Justilla	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis SECSIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PERSAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No.

	PLACE	OF DEATH				STAT
(County S	omerset	***********			CERT
					(23)	R
Vill	age or City	Vingston	(No	Walifer Address grown,	11000000000000000000000000000000000000	St.:
	2FUI	LL NAME Nil	dred McDar	iel		
	PERSON	NAL AND STATIST	ICAL PARTICU	LARS	ME	DICAL CERT
3 5	EX	4 COLOR OR RACE			16 DATE OF DE	ATH
Fe	emale	White	WIDOWED. OR DIVORCED (Write the word)	Single	Kingston,	January
5 D	ATE OF BIR	тн				REBY CERTIFY
		March	15th	, 1 917.	non	192/
		(Month		(Year)	that I last saw	All alive on
A	GE.			If LESS than		occurred on the
		14. 9	mos. 26 ds.	1 day hrs.		
	CCUPATION				acut	No. of the second
(bu) General na siness, or es	ofession or d of work At s ature of industry stablishment in ed or (employer)		***************************************		(D
_	RTHPLACE (State or cou				Contributory Secondary	julmi
	(mate of coo		Maryland			(D
	10 NAME O	Lloyd Mc	Daniel		(Signed) Hea	/
S	11 BIRTHPL OF FATH	ACE			Jaw 11	
NEN IS	(State or	country)	Maryland		*State the Violent Cause	e l'iscase Cau s, state (1) M cidal or Homicida
TAL	OF MOTH		Barnes		18 LENGTH OF	RESIDENCE
1	13 BIRTHPL OF MOTH	ER	Maryland	La S	At place of deathyrs	377
4.7		country)		DCE	Where was disease	contracted,
4 1		Charles Ba		DGE	Former or usual residence	
					PLACE OF BU	PIAL OR REM
-	(Addr	ess) Kingston	, aryland.		D - 2 2	97 11 9
5	Filed /	111 132/01	irelia 12.	uson	20 UNDERTAKE	NOL

E OF MARYLAND

FICATE OF DEATH

gistration Dist. No.

(If death occurred in a hospit I or institu-tion, give its NAME in-stead of street and Ward)

number.)

FICATE OF DEATH(Day) That I attended the deceased from date stated above, at 11. deaths from (2) Whether Death, or, in of Injury and or Hospitals, Institutions, Trans-In the

DATE OF BURIAL

ocomoke

yrs......moe....

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to such and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Automobile factory. The materia Laborer-Coal mine, ctc. Wom-Locomoline (6) persons enengineer, Grocery, of the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria avoid use of "Croup"); L
Typhoid fever never report "Typhoid Pneumonia";
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tolanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonacum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (discase etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a l quistions appeared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 2 18

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis FR A 1022	1921	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1		Peritonitis	3 days aga
BURRAU V.S.			
Other contributory causes of importance:	†	Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

N	1
A	>
,	

PLACE OF DEATH

County Somerset

Village or City Crisfield

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2/0
morendy Hopk	Ward) (If death) occurred in a hospital or institution, give its NAME is stead of street an number.)
1 04000 02 02 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0	number.)

PERSON	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female	White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	ed January 27th , 1922. Crisfield (Month) 1 (Day) 27 (Year) 51
April 4th., 1882. (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE	If LESS t 1 day	rs. The CAUSE OF DEATH * was as follows:
which employ BIRTHPLACE (State or con	Maryland	Contributory Research Bank. Secondary Mulafan J. Mourston & J.
10 NAME OF FATHER OF FATHER (State of	Leonard Ruark	(Signed) Sharp Queller M. D. A. 28 19292 (Address) Mullin M. D. *State the Disease Causing Death, or, in deaths from
12 MAIDEN OF MOTH	NAME IER Mary Mc.Grath .ACE	Violent Causes, state (i) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
4 THE ABOVE	Country) Mary Land. IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	Emory Payne Pocomoke City Karyland 28 220 19 19 19 19 19 19 19 19 19 19 19 19 19	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Registraf, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal-fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

7	3	ς.	
1	46	9	-13
			DEVEL
			>
		ORD	TOVX
		00	EXA
		E	7

PLACE OF DEATH County Somered Village or City P. anne (No. 2FULL NAME Aimse Image	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260 St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of atreet an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from 183 2 to 193 2
(Month) (Day) (Year) 7 AGE (O yrs. 2 mos. 3 O ds. or min.? 8 OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Granus	Contributory Melustatis Cusinassa J. B. Contributory Duration) visa mos de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER Clysheth Harrin 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs descriptions descriptions. State yrs descriptions descriptions.
(Informant) AND R. Smeth (Address) Payme	if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Loombrudge Jon 26, 193
Filed 1/2 J 100 - JAnuell Registrar If more banks are needed, address State Registrar	20 UNDERTAKER Month Pause

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and ehildren, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness. that fact may be indicated thus; Farmer (Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oewhatever, write None. household only (not paid Housekeepers who receive a r," ete., report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womknow without more precise specification as Day (a) the kind of work and also (b) the not gainfully em-

Statement of Cause of Death—Name, first, the DIS-BARE ('NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ethaustion," "Heart failure," "Inaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shoek,"
> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, stated unless important. as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of (seeondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage DURBAU V. S. 1	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. V. S. No. 1

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00788
1. PLACE OF DEATH	59
county Johnerset	Registration Dist. No. 263
Village or City Criffield The Personal	Livi No. of St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
01	A
2. FULL NAME Thilians H. Sterling	7
(a) Residence: No. N. Qr. Joan Crryt Ave (Usual place of abode)	St., Z Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester S. Sterling	22. I HEREBY CERTIFY, That I attended deceased from ,19
6. DATE OF BIRTH (month, day, and year) Oct 30 1860	1 last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et // _Pm.
7/ 2 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, 2n erchant SAWYER, BOOKKEEPER, etc.	no physican Dato of onset
9. Industry or business in which	Exampledge than como 7
work was done, as SILK MILL, Grocery Store No. Date deceased lest worked at 9621 /8 11. Total time (years)	death war
this occupation (month and 1932 spent in this year)	ague suntonon Johan
Chiefield	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	July V
13. NAME Wingate Sterling	
13. NAME Wingate Sterling 14. BIRTHPLACE (city or town) Cristing	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Virginia Ford	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Virginia Ford 16. BIRTHPLACE (city or town) Cristial al	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Edward) 7 erling (Address) Criffield 77.4	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Cristical Date 1977 21, 1932	Neture of injury
19. UNDERTAKER John (i Brodston (Address) Custing and	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Jan. 21, 1932 C. E. Collins. Registrar.	(Signed) lo & le allu (M. D. M. D. (Address) Cust Segreth Office.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: 8.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			2 9000

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERM

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Incernal	CERTIFICATE OF DEATH
Olyxia Desposat	Registration Dist. No. 265
Village or City usfuld m. (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 1927
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jaw 28, 132.	
7 AGE 6 Month) (Day) (Year) 1 day hrs. yrs. mos. ds.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Dead Bro. 6 mults Coneffic
(a) Trade, profession or particular kind of work	
(b) General nature of industry	22011 044 041 123 113 113 114 114 114 114 114 114 114 11
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country) Survey Co md	(Duration) yrs. mos. ds.
10 NAME OF Stoupers Human	(Signed) Dreg Doubliss M. D.
U DI BIRTHPLACE	1961 J. 198 2 (Address) 27 assor 201
Z (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Drughestry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
St. O. A. ID	Former or
(Informant) Chings Thimas	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Infined md	Cristield, Md. Jan. 29, 132
Filed Jun 29 1932 C. E. Collins Registrar	John a. Bradehan Criffield and
If more banks are needed, address State Registras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1,1,260

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Ilouscovife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH worked on may form part of the second statement. Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Stationary fireman, etc. But in many Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid - probably suicide. The nature of the injury, data is essential and must he obtained before the certificate is permanently filed. American Medical Association.) > telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "IIaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ; of the

V. S. No. 1

ż

日子作
5 5
e p te
a o
000
00 ×
10
a) a)
3 5 -
5+0
00 + 00
E C
App
0 9
tr s
0 0 0
9 2 2
0 0
Se
> "
= 2 =
ar
5 = T
ET 0
3 7 5
E E
200
12 T 0
00 0
S H S
COZ
0 2 0
TOF
End
T at D
5 42 2
500
200
200
ECT
Son
SH
BEvery item of information should be carefully supplied. ACE should be stated E CIANS should state CAUSE CF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications.
a A P
E C E
1
m

PLACE OF DEATH	STATE OF MARYLAND
County Annews T	CERTIFICATE OF DEATH
0 1 3 1 0	Registration Dist. No. 2 65
Village or City Susfield mo (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
² FULL NAME OUT	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jan 28 , 19232 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	
7 AGE 6 mills Clue's If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Coupling Harmus	(Signed) Xunge Collins M. D.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER lizabelle Dougleuty	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Strupus thomies	Former or usual residence
(Address) Cusheld MR	is place of Burial or REMOVAL DATE OF BURIAL Crisheld, Mrd. Jan. 29, 10,37
Filed Jan. 29 1932 C. E. Colling Registrar	John a. Dradken cuffield M
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED. 4 COLOR OR RACE OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than 7 AGE I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER II BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) KNOWLEDGE Former or usual residence (Informant) (Address 15 Filed Registrar

STATE OF MARYLAND

66791

CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

DATE OF BURIAL

MEDIC	AL CERTIFIC	ATE OF	DEATH	
Hengstod	Jace Mont	ua	y 20 ₁₉	3 Z
	CERTIFY, Th			
	192 to.			192
that I last saw h				
and that death occu	rred on the date	stated above	ve, at /1/03	Mr.m.
The CAUSE OF DEA	TH * was as foll	lows:		
Mitral	Regur	alion		***********
**************************************			mos	
Contributory Secondary	Festly &	Egeno	ntion	
\g.ag.,	(Duratio	n)yrı	mos	da
(Signed)			, mos	
Jan 28 193	2 (Address)	note		*********
*State the L Violent Causes, s Accidental, Suicidal	Disease Causing tate (1) Means or Homicidal.	Death, or, of injury	in deaths and (2) Who	rom
18 LENGTH OF RE		Hospitals,	Institutions,	Trans
At place of deathyrs	mosds.	In the State	yrsmos.	ds
Where was disease con if not at place of des	tracted, th?			

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CE OF BURIAL OR

6 UNDERTAKE

8. No.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farther tregaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en For many occupations a single word or term on or At Home, Farm laborer, without more precise specification as Day For persons who have no occupation and children, not gainfully em-Laborer--Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is

permanently filed

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping it this certificate is looked over thoroughly and all questions perulonaeum, ete., Carcinoma, Sarcoma, ete., of Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease affection need etc. The contributory "Haemorrhage, not be

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10732
1. PLACE OF DEATH	(131)
County Sources	Registration Dist. No. 267
Village or City of thes Luces Livelle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A JULIE 6. 1024	su
(a) Residence: No. Nacional Stranta Mis	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Mag Wall 0 - GRATVORGE (write the word)	Jan 21 1932
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
11. 1. 1072	19 19 19
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
79 l day,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Galvalar allan Cenjos
Industry or business in which	and Chronis Helpuls
work was done, as SILK MILL borte	
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of Importance;
12. BIRTHPLACE (city or town) Parises, There I We	Collet Country Charter of Importance.
(State or country) Dongerous Copies	
13. NAME Water & Webster 14. BIRTHPLACE (city or town) / J. Daups Junter (State or country)	
7 14. BIRTHPLACE (city of town) M. Daups Junter	Name of operation Dete of
(Control County)	What test confirmed diagnosis? Was there an autopsy NO
15. MAIDEN NAME Mary Complete 16. BIRTHPLACE (city or town) Office State of country	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Dokeres June	Accident, suicide, or homicide?, 19,
Sel (Stete or country)	Where did injury occur?
17. INFORMANT Delia Withele	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Daws Tuesty W	
18. BONIAL CREMATION OF REMOVAL	Manner of Injury
Place Date 23, 19.31	Nature of injury
19. UNDERTAKER OF SUVELACION OF A	24. Wes disease or injury In eny way related to occupation of deceased?
(Address) Deals Slaw Wil	If so, specify
20. FILED 22 23, 19 32 119. S. Kelly	(Signed) M.D.
Registrar.	(Address) 6 4 duch
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
of importance were as follows:	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	uly 5,1927	Peritonitis	3 days ago
	E 3		
BUREAU	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	ay 1,1923	Gastroenteritis	1 year

m ż

1PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City_DEALS ISLAND, MNo	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH JAN 28 1972 , 192 (Month) (Day) (Year)
JAN 28 1932 , 1	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. de.
DEALS ISLAND, MD. 10 NAME OF FATHER	Contributory Secondary (Durstion) yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	192. (Address) WENDAMA, MD. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER VALLE SLAND, MD. (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsds. Under was disease contracted,
(Informant) Tarmina (Informant)	if not at place of death? Former or usual residence
(Address) Deelloller me	20 UNDERTAKER DATE OF BURIAL DATE OF BURIAL LADDRESS DATE OF BURIAL LADDRESS
15 Filed Lan 28 1922/4000 Willely	20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been charged report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Cotton mill; (a) Salesman, (b) Automobile factory. The materia (6) Grocery,

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death American Medical Association.) tetanius) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the causc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic etc. The contributory affection need valvular heart Always qualify all not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UE

of in the second	County Somerset	Registration Dist. No. 270
item of should of OCC	Village or City Cristical d	No Me Greadys Memorial Hospista 2 wa
T S	Length of residence in city or town where death occurred 44_yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)
PHYSICIANS	2. FULL NAME Matha Willson	
- 43	(a) Residence: No. Westorer	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. E	3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WHOOWED, OR DIVORCED (novite the word)	21. DATE OF DEATH (Month) (Day) (Year)
assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. R. H. Wilson	22. I HEREBY CERTIFY, That I attended deceased fr
ਰ .	6. DATE OF BIRTH (month, day, end year) Dec. 24, 1883	Hast saw bee elive on Acu 12 ,1932; death is s
properly	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et
properly certificate	48 0 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, HOLDE WORF	acul De of years
	4 9. Industry or business in which	
n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
ons on	apoint in this	
ons	year) occupation	Other Contributory Causes of importance:
ucti	12. BIRTHPLACE (city or town) (State or country) West Virginia i Q	Intertual als rucks
instructions		Climes It indule mendels
See in	13. NAME Alaric Hoffman 14. BIRTHPLACE (city or town)	Name of operation Inprolection Date of
Š	(State of country)	What test confirmed diagnosis? Was there en autopsy?
ant.	15. MAIDEN NAME Conna Syiner	23. If death was due to external causes (VIOLENCE) fill In elso the following:
DEATH y importa	15. MAIDEN NAME Conna Syiner 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? 20. Date of injury 19.
important.	1 (olde of county)	Where did injury occur? (Specify city or town, county and State)
>	17. INFORMANT 11. R. 24. Wil 367: (Address) Westerer 22d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place King Ston, (1212. Date / 477 /) - 1932	Nature of injury
LION	19. UNDERTAKER John a. Brodstan	24. Was disease or injury in eay wey related to occupation of deceased?
7	(Address Confield and	If so, specify
(20. FILED Jan. 14, 1932 C.E. Cours	(Signed) evegne under M

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimon, Requesting U. S. No. 2.

STATE OF MARYLAND-CERTIFICATE OF DEATH

60784

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLLU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N.B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	(0)
County Somersel-	Registration Dist. No. 248
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0 11	St., Ward. If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marticel	21. DATE OF DEATH 30 ,193 20 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnica Wright 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than 1 day,hrs.	22. I HEREBY CERTIFY, That I attended deceased from 1 2 2 3 4 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Date of onset Date of onset Date of onset Date of onset
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 17. Ary 19 h &	
(State of country)	Neme of operetion Date of Was there an autopsy? 16
15. MAIDEN NAME TO TO TO SEE	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Chance Date Feb 1, 1932	Menner of injury
19. UNDERTAKER prid skebster (Address) Weals Island md	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED. H. 1932. Roya M. W. Registrar.	(Signed) Oxdon A. M. D. M. (Address) Treevoo Olives M. D. C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	irilis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	FEB 5 1532	July 5, 1927	Peritonitis	3 days ago
Other contributory co	BUREAU V. S. uses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year